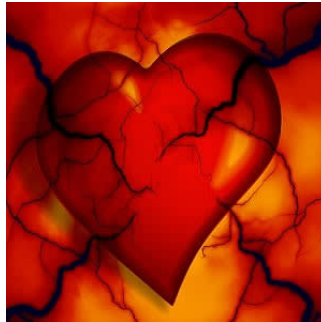

High risk of death from chronic ischaemic heart disease



A European Society of Cardiology (ESC) study finds that patients with chronic ischaemic cardiovascular disease (CICD) have a high risk of poor short-term outcomes. Nearly a quarter of CICD patients are dead or hospitalised within six months, according to the study published in the European Journal of Preventive Cardiology. The findings highlight the need for close monitoring of these patients by physicians to improve outcomes.

"Coronary artery disease is the leading cause of death worldwide yet some patients appear to get lost in the system after their initial visit to a hospital or outpatient clinic," explains lead author Cardiology Professor Michel Komajda, of the University Pierre and Marie Curie and Pitié-Salpêtrière Hospital in Paris, France.

The CICD Pilot Registry was designed to learn what happens to these patients in the six months after being seen by a health professional. The observational study was conducted as part of the EURObservational Research Programme (EORP) of the ESC.

The study covered 2,420 patients from 100 hospitals and outpatient clinics in 10 European countries. Participants had stable coronary disease or peripheral artery disease, the most common conditions seen by a cardiologist. Risk factors and treatments were recorded at the start of the study and have been previously reported. Treatments and outcomes were recorded at six months.

Follow-up data were available for 2,203 patients, of whom 522 (24%) had died or been rehospitalised during the six months. Factors significantly associated with the risk of dying or being rehospitalised were older age, with a hazard ratio (HR) of 1.17 for every 10 years, history of peripheral revascularisation (HR 1.45), chronic kidney disease (HR 1.31) and chronic obstructive pulmonary disease (HR 1.42) (all $p < 0.05$). The majority of the causes of death and rehospitalisation were cardiovascular.

The study identified clinical factors that are strongly associated with the high short-term risk of death or readmission "which can easily be assessed," Professor Komajda points out. Specifically, the rate of prescription of angiotensin converting enzyme inhibitors, beta-blockers (both drugs reduce blood pressure) and aspirin was lower at six months compared to the start of the study (all $p < 0.02$).

Professor Komajda explains: "In absolute numbers the reductions were modest but they did reach statistical significance. This shows that patients have a better chance of receiving recommended medications while in hospital or directly after an outpatient appointment. Six months later, drugs they should be taking to reduce the risk of death and rehospitalisation are prescribed less frequently."

Insufficient handover of these patients to a cardiologist or GP could be a reason why their prescriptions are not renewed, adds the professor.

While the study did not assess the reasons for the reduction in prescriptions, possible factors include: patients getting tired of taking pills or cannot afford them.

Source: [European Society of Cardiology](#)

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